

Intellectual and Developmental Disabilities Technical Advisory Committee Meeting Minutes 3/13/15

Technical Advisory Committee members present:

Johnny Calles- Independent Opportunities/ KAPP
Chris Stevenson- Leading Age
Patty Dempsey- Arc of Kentucky
Chastity Ross- Bluegrass

Department for Medicaid Services staff present:

Ann Hollen- Division of Community Alternatives- Behavioral Health Specialist
Lori Kays- Division of Community Alternatives- KY Transitions
Erin Varble- Division of Community Alternatives- Director's Office
Sheila Davis- Division of Community Alternatives- MH/IDD Branch Manager
Cynthia Lee- Division of Program Quality and Outcomes
Gregg Stratton- Division of Community Alternatives- HCBS Branch Manager
Lyris Cunningham- Division of Community Alternatives- MH/IDD Branch, Michelle P Waiver

Other State Staff present:

Janet Beatty- Department for Developmental and Intellectual Disabilities (DDID)
Justin Tapp- OSBD/GOPR
Kelli Sheets- Department for Aging and Independent Living (DAIL)
Tonia Wells- Department for Aging and Independent Living (DAIL)

Others present:

Nikki Martin, RN- HP
Pam Smith- OM Supervisor, HP
MaryLee Underwood- CCDD

The Intellectual and Developmental Disabilities Technical Advisory Committee met on Friday, March 13th, 2015. Meeting was co-chaired by Patty Dempsey and Chris Stevenson.

- I. Meeting called to order.
- II. MAC meeting- Patty was there. Patty gave them copy of minutes and agenda and the handout Chris had brought to the November MAC meeting.
 - a. Discussed Pediatric assessment tool.
 - b. MAC gave a written response. : Must submit and get approval from CMS in order to develop such a tool.
 - i. As they write the new waivers, should include it in there.
 - ii. Is there a tool to include?
 - c. Currently depends on the worker on whether children get approved. Some say all kids qualify, some say the tool is N/A and deny all children.
 - d. Sheila- Looking at several tools, and in the process of deciding.

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- i. One is currently in trial basis.
 - ii. Have to take money into account; there is always a cost for these assessment tools.
 - 1. Does that cost go to the case management agency, state pay?
 - 2. ICAP is about \$5 per assessment.
 - iii. SCL renewal must be sent in to CMS by June of this year.
 - iv. MPW sent in August of 2016.
 - v. Then there is a comment period. Requests for Additional Information (RAI's)
 - e. Chris would like to have TAC members present at the meetings regarding the pediatric assessment tool.
 - f. Second item: Create a separate waiver for Children.
 - i. Response- Beyond MAC.
 - 1. Cost lots of money, and collaboration between several state agencies.
 - 2. Would need to bring up in a budget year.
 - g. Sheila to send an email to Leslie and Earl about Chris wanting to meet to discuss a Pediatric Assessment tool.
 - h. Lisa Lee is the new Commissioner of Medicaid- may want to try her next, since already gone through MAC.
- III. Motion was made to accept minutes from previous meeting. Approved and Seconded.
- IV. Back page of handout. Concerning the members of the TAC.
 - a. Erin has received an application for someone interested in becoming a TAC member.
 - b. First 4 slots are appointed by the Governor.
 - c. Never found anyone in Governor's office that does the TAC.
 - d. Contact someone in Boards and Commissions.
 - e. Tim Veno contacted me about Terry's vacated position.
 - i. Chris taken over that slot.
 - f. Chastity Ross has taken the KCDD slot.
 - g. Chris and Johnny meeting about the KAPP slots; will update us next meeting.
 - h. If interested in applying for membership, candidates need to fill out application at the Boards and Commission's link: <http://governor.ky.gov/office/Pages/bc.aspx>
 - i. Been trying to find who in the Cabinet takes responsibility for TAC member applications.
 - i. Can find people for the MAC, but no one claims the TAC.
- V. Deloitte Update:
 - a. Presentation last meeting, trainings occurring all over the state.
 - b. Case management training.
 - i. All trainings are currently full- encouraging at least one member of their company to attend the training.
 - ii. If unable to attend, there will be online courses available.
 - c. Patty invited Deloitte to attend the Arc's conference this coming week and do a presentation.
 - i. Ended up declining, they weren't ready to make presentation public yet.
 - d. Tonia- It is highly recommended that everyone use the MWMA system. It is not a requirement.
 - i. What about in the future, when it houses all the waivers.

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- ii. System is not and will not be a universal medical record. Not set up to bill.
 - iii. Used to keep electronic case notes, PAs, etc. up to date and available to all case managers.
- VI. Final Rule update
 - a. Hand out that has dates of Final Rule forums. –Many cancelled due to snow. (see handout- Final Rule)
 - b. Presentation will be available online.
 - c. Draft Compliance plan template that will be sent to your facility. Then will be personalized for the agency based on the survey questions answers.
 - i. Now have an email box- CMSFinalHCBRule@ky.gov
 - d. Language from Federal Final Rule: “Providers of HCBS for the individual must not provide case management or develop the person centered plan, unless the provider is the only willing or qualified provider in the geographic area within 30 miles of the individuals residence.”
 - e. In SCL, there is still the relationship exclusion. The Final rule, will not allow that. Will have to be changed.
 - f. Will start drafting regulation in April. Will open up for comments. Hope to get implemented by November.
 - g. Not that the provider can’t provide both services, they just can’t provide the two services to the same individual. Unless you are the only provider within a 30 mile radius of an individual’s home.
 - i. Will have a transition period for everyone to get in compliance.
 - h. 2019 is when all of the Final Rule should be implemented.
 - i. Have a bunch of people from all different offices doing presentations at the Final Rule Forums.
 - j. Forum at the Brain Injury Alliance of Kentucky (BIAK) in Louisville, April 1st.
 - i. Regional training in April? In Glasgow. On calendar but no one definitive attending yet.
 - k. Patty attended a guinea pig session. They did a great job, went really well.
 - l. Service changes for children?
 - i. Doesn’t delegate services, more interested in the inclusion and the overall overview of what the programs are doing. How that is implemented will depend on the provider.
- VII. Participant Directed Services (PDS)
 - a. Cost of employment costs;
 - i. Always looking for more efficient ways for people to receive the services without the higher cost.
 - 1. Started out with 159 people utilizing PDS, now up to 222 people.
 - 2. Cost hasn’t stopped people from accessing the services.
- VIII. Employment cost for PDS. (Re: PDS representative as Employer of Record?)
 - a. In PDS, the participant is ALWAYS the employer of Record.
 - b. May choose to have a representative help, but participant is still the employer with a representative.
 - c. Same for children, legal guardians. Child is the employer of record. Representative for client who cannot represent themselves.
 - d. MAC response to our desire to create a fund in order to assist with these costs.

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- i. Individual must work within a budget. Items must be service related, and these costs are not.
 - ii. DMS cannot pay for these items with Medicaid funds.
 - iii. Maybe go to General Assembly next? Ask Cabinet to include this in budget?
- IX. MPW (status):
 - a. Waiting list is still growing, currently over 3800 members on waiting list.
 - i. In fall of 2014, about 3200.
 - b. Waiting on approval to send out next round of allocation letters.
 - i. 250 slots to be sent out after July 1 or next waiver year.
 - ii. By end of March, will allocate 442 slots that were vacated, or never used.
 - iii. Grand total of 10500 slots will be available to MPW recipients.
 - c. Children- 70% of kids under 21.
 - i. 7 under the age of 1 yr.
 - ii. 710 are 1-5 yrs.
 - iii. 770 are 6-10 yrs.
 - iv. 607 are 11-15 yrs.
 - v. 513 are 16-20 yrs.
 - d. Can we request more slots? Growth of waiting list started on 2/15/14 has been enormous.
 - i. Must go through Legislature.
 - ii. Must take into consideration that no one is assessed before being placed on the MPW waiting list. Many of the 3800 on that list, will not meet LOC.
 - iii. Only CMHC's can submit the application.
 - e. SCL and ABI applicants are screened prior to being placed on the waiting list.
- X. HCB waiver: Submit to CMS?
 - a. Will be submitted on April 1st.
 - b. Summary available online. <http://chfs.ky.gov/dms/>
 - c. Changes are available for viewing. 2 biggest additions are:
 - i. Personal Service Response: service like LifeLine for participants.
 - ii. Meals on wheels.
 - iii. Combined several services into one.
 - iv. Therapies have been moved to state plan. (regular Medicaid)
 - 1. Children cannot get therapies at an ADHC; they must be 21 and older.
 - d. All our waivers are 1915c Home and Community Based Waivers.
 - e. Anytime someone is in a waiver, they get the waiver services; they also get the state plan services.
- XI. Pickle Amendment:
 - a. Still working on the mass adjustments.
 - b. Few weeks ago, eligibility sent out another 500 letters.
 - c. No FAQ's on the website yet.
 - d. IF participant never paid their patient liability, then the agency keeps the refund.
 - e. Chastity has a client that is about to lose services due to lack of payment for patient liability. Chastity to send info to Sheila and see if she qualifies for Pickle Amendment.
 - f. Named Pickle Amendment for its congressional sponsor.

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- g. When FAQs be available.
 - i. Hopefully within the next few weeks.
- XII. Able Act-Allow people with disabilities to create savings accounts in order to pay for certain items.
 - a. Received legislation this year.
 - b. Still in the works. Would have a set monetary limit, and only be able to be used for certain things, pretty broad coverage.
 - c. MaryLee met with Kentucky Higher Education Authority to find out how their current 529 trusts operate. \$14,000 a year, total of \$100,000.
 - d. This new one would be a smaller monetary amount, tax free, doesn't count against client for Medicaid eligibility.
 - e. Medicaid pull back clause is included.
 - f. MaryLee to send Erin a FAQ sheet about the program.
- XIII. MaryLee- EPSDT issues
 - a. It is NOT going away.
 - b. Eliminating EPSDT provider/billing numbers and giving them state plan provider numbers. In hopes to simplify billing.
 - c. EPSDT has been really struggling with PA's for therapy services.
 - i. Normally do it in 6 month blocks, now getting only 12 wks. At a time and not getting enough sessions.
 - ii. PT and OT specifically.
 - iii. MCO's going to see if they can extend the time frames.
 - d. EPSDT providers will need to apply for a regular Medicaid provider number by July 1.
 - i. PA's are being end-dated on 6/30.
 - e. If only service they provide is EPSDT, they will keep their EPSDT number.
 - f. Pam already has seen some clients transitioning from EPSDT to independent therapies.
- XIV. Next MAC meeting: March 26th from 10-12.
- XV. Adjourned